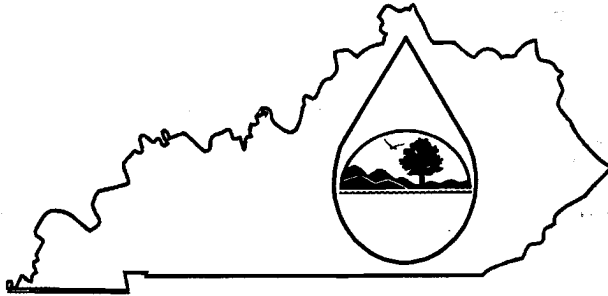


# KPDES FORM 1

AI 468



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEP 4 2007

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

# 340.00

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	3	4	1	8	5
A. Name of business, municipality, company, etc. requesting permit Pioneer Village Sewerage System Plant #1, Inc.									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Pioneer Village Sewerage System Plant #1, Inc.					Owner Name: James M. Walser				
Facility Location Address (i.e. street, road, etc.): 12600 Morningside Drive					Mailing Street: 4869 Brownsboro Center				
Facility Location City, State, Zip Code: Louisville, Kentucky 40229					Mailing City, State, Zip Code: Louisville, KY 40207				
					Telephone Number: (502) 895-4273				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Non-Public owned treatment plant treating domestic waste water.

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &  
Description:

6552 SUBV

Other SIC Codes:

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:  
Bullitt County, KentuckyCity where facility is located (if applicable):  
Pioneer Village, KentuckyC. Body of water receiving discharge:  
Brooks RunD. Facility Site Latitude (degrees, minutes, seconds):  
38 03' 25"Facility Site Longitude (degrees, minutes, seconds):  
85 41' 22"

E. Method used to obtain latitude &amp; longitude (see instructions): Topo Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Sander Sales & Service	Telephone Number: (502) 231-2659
Operator Mailing Address (Street): 7109 Lorenzo Lane	
Operator Mailing Address (City, State, Zip Code): Louisville, KY 40228	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: Class II	Certification Number: 01542

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY 0034185	Issue Date of Current Permit: 7/1/04	Expiration Date of Current Permit: 2/29/08
Number of Times Permit Reissued: 5	Date of Original Permit Issuance: 6/14/76	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: 12025004	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>	
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.	
A. Name of department, office or official submitting DMRs:	James M. Walser
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	BECKMAR Environmental Laboratories
DMR Mailing Street:	3251 Ruckriegel Parkway
DMR Mailing City, State, Zip Code:	Louisville, KY 40229
DMR Official Telephone Number:	(502) 266-6533

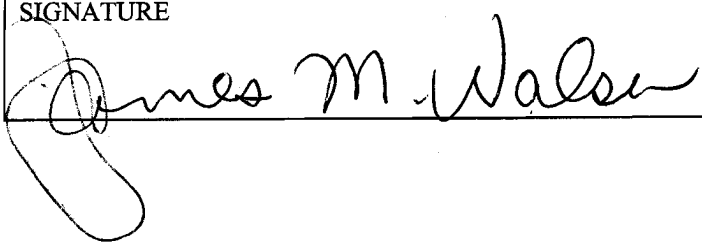
## VII. APPLICATION FILING FEE

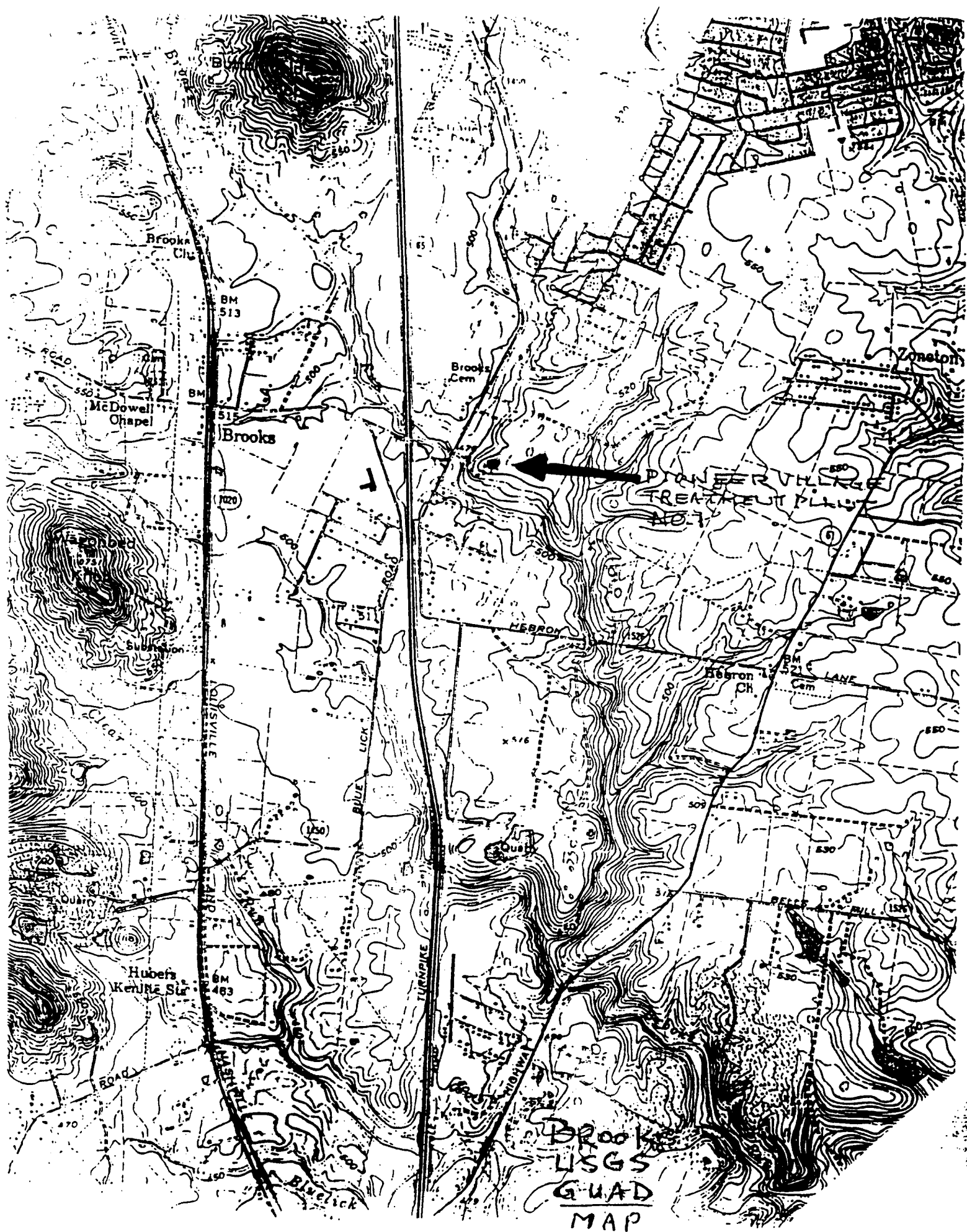
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Large Non-Publicly Owned Treatment Works	\$340.00

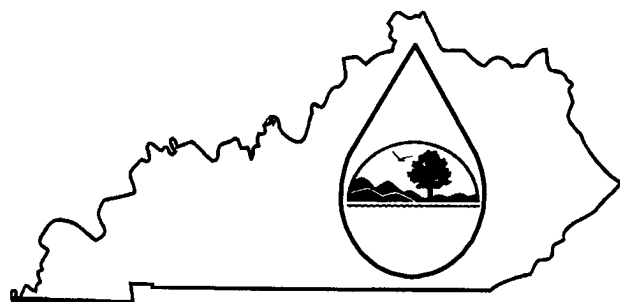
## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
James M. Walser, President	(502) 895-4273
SIGNATURE	DATE:
	08-29-2007



# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

SEP 11 2017

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Pioneer Village Sewerage System Plant #1, Inc.							
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           370 GPD/RE for total flow of 310,000            370 GPE/RE for total flow of 432,000         </div> <div style="text-align: right;">           treatment plant existing            proposed additional flow         </div> </div>							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system: 432,000				GPD	MGD		

III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	03	25	85	41	22	Brooks Run
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)							

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Sanitary Wastewater		Comminutor	IL
	Design Ultimate	432,000	Aeration	3A
	Present Flow	280,000 +/-	Sedimentation	IV

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:** N/A

- ☐ Publicly-owned lake or impoundment Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

N/A

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: N/A (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
City of Pioneer Village	825
<b>TOTAL POPULATION SERVED</b>	

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

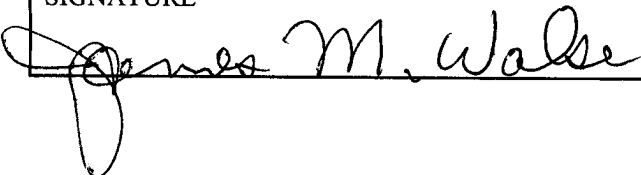
A. Indicate results of analysis for pollutants listed below. These are calculated on a yearly basis

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	11.379	5.933	52
TOTAL SUSPENDED SOLIDS	18.246	8.392	52
FECAL COLIFORM	183.16	71.16	52
TOTAL RESIDUAL CHLORINE	.01	.01	52
OIL AND GREASE	N/A (Domestic Waste)	N/A (Domestic Waste)	
CHEMICAL OXYGEN DEMAND	N/A	N/A	
TOTAL ORGANIC CARBON	N/A	N/A	
AMMONIA	1.808	0.622	52
DISCHARGE FLOW	.4012	.1605	52
pH	6.8	6.217	
TEMPERATURE (WINTER)	18 degrees - Low	37 Degrees	
TEMPERATURE (SUMMER)	104 Degrees - High	87 Degrees	

B. Frequency and duration of flow: 24 hr. period over 365 day average. 165,000 gallons per day

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): James M. Walser, President	TELEPHONE NUMBER (area code and number): (502) 895-4273
SIGNATURE 	DATE 08-29-2007





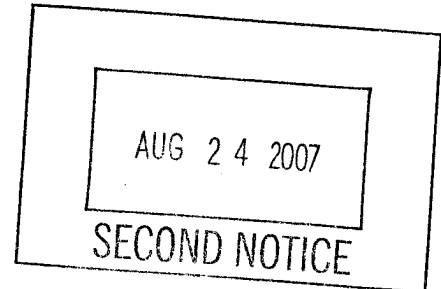
ERNIE FLETCHER  
GOVERNOR

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601  
[www.kentucky.gov](http://www.kentucky.gov)

TERESA J. HILL  
SECRETARY

July 30, 2007

Mr. James M. Walser  
4869 Brownsboro Road  
Louisville, Kentucky 40207



RE: KPDES No. KY0034185  
Pioneer Village Sewer Plant #1  
Bullitt County, Kentucky

Dear Mr. Walser:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

*Ann S Workman*

*for*

**Vickie L. Prather, Acting Supervisor**  
Inventory and Data Management Section  
KPDES Branch  
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office  
Division of Water Files



ERNIE FLETCHER  
GOVERNOR

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

[www.kentucky.gov](http://www.kentucky.gov)

TERESA J. HILL  
SECRETARY

November 19, 2007

James M. Walser  
Pioneer Village Sewerage System Plant #1, Inc.  
4869 Brownsboro Center  
Louisville, KY 40207

Re: KPDES Application Complete  
KPDES No.: KY0034185  
Pioneer Village Sewerage System Plant #1, Inc.  
AI ID: 468  
Activity ID: APE20070001  
Bullitt County, Kentucky

Dear Mr. Walser,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on October 18, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

A handwritten signature in cursive script that reads "Sara Beard".

**Sara Beard**  
Environmental Engineer Assistant III  
KPDES Branch  
Division of Water

SJB

Enclosures

c: Louisville Regional Office  
Division of Water Files